# **Instructions for Completing Standard Form 1164**

#### 1. General Guidance

Learners must submit a SF 1164 to receive reimbursement for pre-paid off-site training.

## 2. Preparing a Claim

- a. The learner will prepare the Standard Form 1164 and submit required receipts.
- b. Submit the original or copied form. One record copy should be retained by the originator. The back of the form should be used if more space is needed for lengthy claims. Prepare the claim as follows:
- Block 1 Enter NSSC.
- Block 4a Enter full name.
- Block 4b Enter Social Security number.
- Block 4c Enter your address as the mailing address.
- Block 4d Enter office telephone number including the area code.
- Block 6a Enter date of expenditure.
- Block 6b Enter Code C for other expenses (itemized).
- Block 6c & 6d List expenditures with a suitable explanation as to the nature of the expense. Failure to furnish receipts, when applicable, will be fully explained on the form.
- Block 6i Enter the amount claimed.
- Block 7 Fill in the total amounts claimed.
- Block 8 Obtain the signature of Supervisor or Training Specialist as the Approving Official.
- Block 9 Obtain the signature of your Center's Training Officer (CTO) as the Authorized Certifying Officer or Designee.
- Block 10 Sign and date the claim.

### 3. Processing Claims

Claims will be returned if all signature blocks are not completed. Claims must be submitted to the CTO for processing. The CTO will review for appropriateness of expenditures and accuracy and will submit to the NSSC for payment.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE      NSSC			VOUCHER NUMBER     SCHEDULE NUMBER				
	ON	1 OF	FICIAL BUSINESS								
	a. NAM	E (Last.	Read the Privacy Act S	Statement on the back of the	his form.	V NO	5. PAID BY				
Н											
CLAIMANT	Smith, John A.				000-00-0	0000					
M	c. MAILING ADDRESS (Include ZIP Code)				d. OFFICE TELEPHO	NE NUMBER					
4. C	100 S Bay S		treet uis, MS 39520	228-813-5000							
6.	EXPEN	DITU	RES (If fare claimed in col. (g) the claimant.)	exceeds charge for one po	erson, show in col. (	(h) the numb	ner of additions	al persons w	hich ac	companied	
	DATE	С	Show appropriate code in col. (b):  A - Local travel  B - Telephone or telegraph, or  C - Other expenses (itemized)  D - Funeral Honor  E - Specialty Care		MILE MILE	MILEAGE	А	AMOUNT CLAIMED			
		ODE				RATE Ć	MILEAGE	FARE	ADD PER-	TIPS AND	
		į -	<del></del>	(Explain expenditures in specific detail.)			Į l	OR TOLL	SONS	LANEOUS	
-06		(b)	(c) FROM	(d	7 10	MILES (e)	(1)	(g)	(h)	(1)	
	/01/06	С	Completed Accounting I	Class at University of	Southern MS.				1	600.00	
			Attended from January 15	, 2006 to May 3, 2006.							
			Receipts attached.								
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7.	AMOUI	NT CL	AIMED (Total of cols. (f), (g)	and (i).) >\$ 600.00	TOTALS					600.00	
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			Sign Original Only		CLAIMANT	ada O	Smuth		DATE	1/24/	
				DATE	SIGN HERE	/	CASH PAYMENT F	RECEIPT	טןש	112000_	
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#### 6. EXPENDITURES - Continued

DATE	С	Show appropriate code in col. (b): A - Local travel	MILEAGE RATE Ć	AMOUNT CLAIMED				
19	ODE	A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)  D - Funeral Honors Detail E - Specialty Care		MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS	
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.